

Rev. 03/28/2001

Attorney Docket No: COPP-002/01

PATENT

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods and Systems for Providing Call Admission Control in Packetized Voice Networks

the specification of which:

(check one)

☒ is attached hereto;

☐ was filed as United States Application Serial No. ____ on ____, and was amended on (if applicable);

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information which is known to me to be material to the patentability of said invention in accordance with 37 C.F.R. §1.56;

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

(Application Number)

(Filing Date) (day, month, year)

(Application Number)

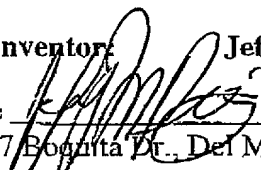
(Filing Date) (day, month, year)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of first inventor: Jeffrey Marc Price

Inventor's signature 
Residence: 14007 Bognita Dr., Del Mar, CA 92014
Citizen of: United States
Post Office Address: same

Date 5/2/01

Full name of second inventor:

Inventor's signature _____
Residence: _____
Citizen of: _____
Post Office Address: _____

Date _____

Full name of third inventor:

Inventor's signature _____
Residence: _____
Citizen of: _____
Post Office Address: _____

Date _____

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